



# KENTUCKY BOARD OF PHYSICAL THERAPY NEWSLETTER

Email: [KYBPT@ky.gov](mailto:KYBPT@ky.gov)

Web Site: <http://pt.ky.gov>

January 2014

## BOARD ADDRESS

312 Whittington Parkway, Ste 102  
Louisville, KY 40222  
(502) 429-7140 phone  
(502) 429-7142 FAX

## BOARD MEMBERS

LINDA M. PILLOW, PT  
Board Chair  
Bowling Green, KY  
[lindabell54@aol.com](mailto:lindabell54@aol.com)

KAREN CRAIG OGLE, PT  
Chair-Elect  
Georgetown, KY  
[kogle@bhsi.com](mailto:kogle@bhsi.com)

RON BARBATO, PT  
Danville, KY  
[rbarbato@emrhc.or](mailto:rbarbato@emrhc.or)

CHUCK M. CLARK, Jr., PT  
Louisville, KY  
[chuckc1971@gmail.com](mailto:chuckc1971@gmail.com)

TROY GRUBB, PT  
Louisville, KY  
[tgrubb@kort.com](mailto:tgrubb@kort.com)

VIRGINIA JOHNSON  
Consumer Member  
[virginiajohnson2virginia@aol.com](mailto:virginiajohnson2virginia@aol.com)

TINA L. VOLZ, PT  
Louisville, KY  
[TVolz@bhsi.com](mailto:TVolz@bhsi.com)

## OFFICE STAFF

SCOTT D. MAJORS  
Executive Director  
[ScottD.Majors@ky.gov](mailto:ScottD.Majors@ky.gov)

DONNA SIMS  
Licensure Coordinator  
[Donna.Sims@ky.gov](mailto:Donna.Sims@ky.gov)

STEPHEN CURLEY  
Investigative Specialist  
[Stephen.Curley@ky.gov](mailto:Stephen.Curley@ky.gov)

## BOARD COUNSEL

MARK BRENGELMAN, ESQ.  
General Counsel  
[MarkBregelman@yahoo.com](mailto:MarkBregelman@yahoo.com)

## Board Term Expires for Peggy Block, PT, MHS

Peggy Block's term as member of the Kentucky Board of Physical Therapy expired on December 3, 2013, and she will be missed by all. Peggy was first appointed to the Board on April 24, 2006 by Governor Fletcher and reappointed by Governor Beshear in January of 2010. In 2006, Peggy was inducted as a member of the Academy of Advanced Item Writers for the Federation of State Boards of Physical Therapy, and shortly thereafter she was recognized by that organization for her extraordinary efforts to help enhance the NPTE item bank. Peggy also served as Board Chair in 2010 and she served on the Board's Complaint Committee for several years.

While her service to the Board has come to an end, her contributions to the Physical Therapy community shall continue. Peggy presently serves as Dean of the Allied Health and Personal Services Program and Coordinator for the PTA Program at West Kentucky Community and Technical College in Paducah, Kentucky. In these capacities, Peggy directs the programs and offers classroom instruction to PTA students. If she cannot be found on campus, the chances are great that she can be found kayaking through white-water in the Colorado mountains, perhaps hiking up the Continental Divide, or even mountain biking through a rails-to-trails route in some unchartered corner of the world.

Peggy -- for all of your time, energy, judgment, wisdom, and laughter you so capably and generously shared with the Board during your membership, we shall forever be in your debt. Best wishes to you in the next chapter of your adventure!!



## Board Member Reappointments

Current Board members Troy Grubb, PT, and Virginia Johnson, Public Member, were each reappointed by Governor Steven Beshear to serve an additional four year term expiring on April 30, 2017.



Additionally, Ron Barbato, PT, who previously served on the Board from 2005 through 2011, was reappointed by Governor Steven L. Beshear on December 23, 2013, to serve another four year term through December 3, 2017.

Ron earned his Physical Therapy degree from the University of Pittsburgh in 1979. He began his career as a Physical Therapist in Pennsylvania and moved to Kentucky in 1981 to pursue a career in contract therapy management.

In 1981, as Director of Physical Therapy, Ron established rehabilitation services at Ephraim McDowell Hospital (EMH) in Danville Kentucky. What began as a solo practice quickly expanded into services to include a multitude of rehabilitation programs and offerings, and Ron was instrumental in the development of McDowell Wellness Center, a 30,000 sq ft medical fitness and rehabilitation facility, and he is currently the Administrative Director of Rehabilitative Services at EMH. He directs therapy services located on five separate campuses, which provide over 80,000 treatments a year, and include Speech, Occupational, and Physical Therapy, as well as Pediatric Rehabilitation. In addition to directing these services, he is currently serving as Corporate Liaison for the Ephraim McDowell Commonwealth Cancer center, a comprehensive cancer treatment center located in Danville

Ron has been an APTA member over 30 years, and is a member of the HP/SOA section. He has been active in the KPTA as a member of the Legislative and Continuing Education Committees and as a past member of the Ethics Committee. He most recently served on the KPTA Board as Secretary.

Ron served a Board Chair from July 2008 through February of 2010, and he has also assumed the role of Board-approved monitor and Certified Medicare Surveyor.

Ron is currently serving on the Board of Indian Hills and Christian Church in Danville. He enjoys running and woodworking. He and his wife, Karen, have two daughters, Hayley and Kelsey, and reside in Danville.

## 2013 FSBPT ANNUAL MEETING

*By Linda Pillow, 2014 Board Chair*

The Annual Meeting and Delegate Assembly of the Federation of State Boards of Physical Therapy (FSBPT) met in San Antonio, Texas on October 10-12, 2013. Our board was well represented at this meeting with chief delegate Linda Pillow, alternate delegate Tina Volz, Troy Grubb, Peggy Block, Karen Ogle, and Scott Majors attending. Mark Brengelman, our board counsel, also attended and served as a meeting speaker.

The mission of FSBPT is to protect the public and ensure that those providing physical therapy services are safe and competent, and it has developed many resources to promote this mission. FSBPT owns the NPTE (National Physical Therapy Exam).

The following 10 motions were passed at the Annual Meeting and Delegate Assembly:

### **DEL-13-01**

*Motion:* To adopt the Areas of Focus as they currently read.

### **DEL-13-02**

*Motion:* To revise the current bylaws and standing rules through substitution of the following bylaws and standing rules.

### **DEL-13-03**

*Motion:* The delegate assembly supports the Federation continuing to protect the integrity of the NPTE by establishing a lifetime limit of six attempts at passing. Candidates who have not passed within the allotted six attempts will not be allowed to sit for the NPTE again.

### **DEL-13-04**

*Motion:* The delegate assembly supports the Federation continuing to protect the integrity of the NPTE by establishing a low score policy to ensure that candidates with two failing scores at or below 400 will not be allowed to sit again for the NPTE.

### **DEL-13-05**

*Motion:* The delegate assembly supports the Federation instituting a requirement that prior to sitting for the NPTE, non-exempt candidates will demonstrate English language proficiency by meeting the most recent Test of English as a Foreign Language (TOEFL) score requirements as defined by the FSBPT. Candidates must achieve the TOEFL score requirements in one sitting. Exemptions are defined as those exempted from English language requirements by the U.S. Citizen and Immigration Services in USICS CFR 212.15.

### **DEL-13-06**

*Motion:* The delegate assembly supports FSBPT instituting a requirement that, prior to sitting for the NPTE, graduates of non-CAPTE accredited schools meet the standard of FSBPT's most recent Coursework Tool (CWT), which evaluates the education and training of PT or PTA exam candidates.

### **DEL-13-07**

*Motion:* The delegate assembly supports that the board of directors explore the feasibility of a Common Licensure Application Service with an interim report to the 2014 Delegate Assembly and a final report to the 2015 Delegate Assembly.

### **DEL-13-08**

*Motion:* The delegate assembly supports that the board of directors explore the feasibility of a Credential Verification Service with an interim report to the 2014 Delegate Assembly and a final report to the 2015 Delegate Assembly.

### **DEL-13-09**

*Motion:* The delegate assembly supports the concept and exploration of a licensure compact.

### **DEL-13-10**

*Motion:* To refer motion DEL-13-10 to the board of directors with a report to the next delegate assembly.

## 2013 Continued Competency Audit Results

The Board has completed the 2013 Continued Competency Audit, and the results are in:

For Physical Therapists:

- a total of 313 were included in this year's audit;
- 238 were deemed fully compliant;
- 75 required follow-up inquiry to determine compliance status;
- 38 were either late in completing, or had never completed, the 2011-2013 jurisprudence examination;
- 12 were either late in completing, or had never completed, the HIV/AIDS requirement per 201 KAR 22:040 Section 1(4);
- 2 submitted no response to the audit (treated as if failing to meet any of the minimum requirements); and
- 7 were late/short, other than the jurisprudence examination and the HIV/AIDS requirements.

For Physical Therapist Assistants:

- a total of 204 were included in this year's audit;
- 161 were deemed fully compliant;
- 43 required follow-up inquiry to determine compliance status;
- 15 were either late in completing, or had never completed, the 2011-2013 jurisprudence examination;
- 5 were either late in completing, or had never completed, the HIV/AIDS requirement per 201 KAR 22:040 Section 1(4);
- 4 submitted no response to the audit (treated as if failing to meet any of the minimum requirements); and
- 4 were late/short, other than the jurisprudence examination and the HIV/AIDS requirements.



### **NEW JURISPRUDENCE EXAM ON WEBSITE**

The Jurisprudence exam (JE) for the current 2013-2015 biennium is now on our website. Per 201 KAR 22:045, completion of the JE for all licensees/certificants is part of the continued competency requirement for renewal. The JE is a no-cost, open-book examination and it counts for 2 contact hours toward meeting minimum requirements. Once you have completed the JE, you are encouraged to print your certificate and retain it for your records.

Remember: continued competency for this biennium must be earned from **April 1, 2013** through **March 31, 2015**.

## **aPTitude**

### **An Online System to Track Continuing Competence & Education**

The Federation of State Boards of Physical Therapy (FSBPT) introduced aPTitude as a comprehensive system to help physical therapists and physical therapist assistants (collectively referred to as “licensees”) meet their continuing competency requirements. This online system has been specially designed for licensees to help them track their continuing competence (CC) and continuing education (CE) activities. The Board and FSBPT want to encourage licensees to stay current and competent throughout their physical therapy career. With this goal in mind, aPTitude was developed to help licensees understand and comply with the continuing competence and continuing education requirements needed for license renewal, as well as to provide an online reporting portal for continuing education activity.

aPTitude is a free service that allows licensees to research options for meeting their continuing competence needs and to record the courses and activities they have completed. All licensees are able to input their courses and documentation in their personal online record as soon as they complete a course. If a licensee so chooses, information that is typically reported to the Board through a tracking form may be shared with the Board electronically, saving that licensee the time and expense of physically completing and mailing the tracking form to the Board office.

Why should YOU sign up for aPTitude? This service will allow you to easily verify the latest information concerning the Board’s CC/CE requirements. FSBPT and Board staff work closely together to ensure that the most recent regulations of the Board are clearly posted for your immediate review. aPTitude can also be tailored to remind you when your license renewal date is near, and it can allow real-time monitoring of your current status in meeting your renewal requirements. If you are licensed in more than one jurisdiction, aPTitude will be especially helpful as it will serve as a single resource to update you on the requirements for each jurisdiction – regardless of where you are licensed and how many licenses you maintain.

FSBPT continues to consult with vendors who provide CC/CE activities so their approved course offerings are posted on the aPTitude website. This enables you to easily search for and find CC/CE offerings that meet your individual and specific needs. In the future, aPTitude participants will also be able to provide feedback about these courses and activities.

### **2015 Continued Competency Audit**

At its meeting in July of 2013, the Board undertook a fresh look at aPTitude as a tool to help in the continued competency audit process. The Board observed the ease with which continued competency information can be uploaded by its licensees through aPTitude. Additionally, staff projected that the amount of time and resources required to complete the audit process could be substantially reduced if those licensees who were included in the audit also shared their CE/CC documentation with the Board through aPTitude. Finally, the Board reviewed changes other state physical therapy boards have made recently to their continued competency requirements. Following lengthy consideration and discussion, the Board concluded that, beginning with the 2015 continued competency audit, those credential holders who are determined to be deficient in satisfying their requirements will be required to share their CE/CC documentation with the Board through aPTitude.

### **aPTitude – It’s Time To Check It Out !!**

It has never been easier to get started!! You may access aPTitude online at [www.fsbpt.org/aPTitude](http://www.fsbpt.org/aPTitude), then click on “PTs and PTAs.” To register, you simply need a valid license or certificate number and an active email address – that’s it. Once you are registered, you may quickly begin to enjoy all of the features of aPTitude to track your continuing competence activities and securely store your documentation for those activities.

To learn more how aPTitude may help you manage all aspects of your CE/CC licensure requirements with the Board, contact FSBPT’s Continuing Competence Department at (703) 299-3100, extension 283, or you may email your questions to [aPTitudehelp@fsbpt.org](mailto:aPTitudehelp@fsbpt.org)

## **First Steps – An Update from the Board**

by Beth Ennis, PT, EdD, PCS, ATP  
Associate Professor of Physical Therapy  
Bellarmine University  
and  
Karen Craig Ogle, PT, DPT  
Director of Rehab Services, Baptist Health Lexington and  
Member of the Kentucky Board of Physical Therapy

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Over the years, there has been a great deal of discussion regarding the provision of physical therapy within the framework of other organizations, such as early intervention, the school system, and intermediate care facility settings. The Kentucky practice act addresses many of these concerns; however, questions have arisen recently and a request was made for the Board to respond. This article will focus on questions regarding provision of services within Early Intervention, known as First Steps in Kentucky.

Currently in First Steps, the initial individualized family service plan (“IFSP”) is written prior to individual assessments being completed. Therefore the objectives and strategies are very general, and are based on the family’s priorities and goals. The question posed was: “whether it is appropriate for records which mention frequency of services in physical therapy and specific goals that are not on the IFSP to be maintained separately from the First Steps documentation system?”

When looking at the practice act as a guiding document, yes -- it is appropriate to keep 2 separate records. The required elements for First Steps should be included in the technology assisted observation and teaming support system (“TOTS”) record. In addition, the provider should keep a complete set of records with all the board required elements at their place of employment, which is usually dictated by an internal provider policy. However, if all of the elements required by the practice act are put into TOTS, the two records may be identical. And the most restrictive policies should be followed. For example, First Steps requires reassessment every 6 months; however, the practice act states that the reassessment in an outpatient setting should be every 30 days. Therefore, the therapist should reassess the child in First Steps every 30 days.

Another question was presented: if a physical therapist is providing “functional activities” or other justifiable physical therapy intervention to address specific motor concerns and to address stated physical therapy goals, is it problematic that other developmental topics are discussed at the same time and documented in the record?

This question relates to scope of practice, which is broad in definition within the practice act, and may vary based on training, experience and expertise. The practice act states that a physical therapist must only provide services within their "scope of practice" and document accordingly. The physical therapist should not be asked to oversee progress toward outcomes that are not within their scope of practice as a physical therapist. However, this scope may vary among physical therapists providing services within Early Intervention, and therefore, specific limitations cannot be stated. It would however, be appropriate for the physical therapist to consult another discipline into the care of the client when they feel they are being asked to do things beyond their scope.

A final question related to Primary Service Provision (PSP) and the assessment of other areas of development. It is the Board’s understanding that the assessment completed by the PSP is a criterion referenced tool, and information is also gathered from the family and other team members. Since the PSP has been trained on the administration of the assessment tool, documentation should reflect the results of the administration as well as the sources of the information gathered. However, the physical therapist should not evaluate areas out of their scope of practice. Also, the physical therapist/physical therapist assistant team can be listed as PSP but the physical therapist needs to complete the 6 month and annual assessments, as well as supervising the physical therapist assistant every 30 days.

## **Attorney General affirms dry needling is within the scope of physical therapy.**

By Mark R. Brengelman, JD, MA  
Attorney at Law

In a unique opinion of first impression, the Office of the Attorney General concluded the practice of dry needling is within the scope of physical therapy under KRS Chapter 327, the Physical Therapy Practice Act. In issuing his decision, the Attorney General specifically referenced an Opinion and Declaratory Ruling of the Board dated March 8, 2010 which reached this same conclusion. The full opinion of the Office of the Attorney General, OAG 13-010, may be accessed here: <http://ag.ky.gov/civil/opinions/Pages/2013.aspx>

The Kentucky Board of Medical Licensure (KBML), which includes its Acupuncture Advisory Committee, had requested an opinion of the Attorney General in March 2012 after the Board rejected its request in December 2011 to withdraw the Board's 2010 Opinion and Declaratory Ruling. After eighteen months of careful research, the Attorney General issued his opinion in September 2013 upholding this Board.

Beginning with the 2010 Board Opinion, the Attorney General first described dry needling as intramuscular manual therapy, trigger point dry needling, and intramuscular needling to insert "a solid filament needle through the skin for therapeutic purposes" and not with a hollow needle for the purpose to deliver medication. The Attorney General referenced the Board's own prior conclusion that dry needling was within the scope of the practice of physical therapy as broadly defined by KRS 327.010(1).

The Attorney General compared the Board's expansive statute to the limited definition of the "practice of acupuncture" in KRS 311.672(5), which itself also specifically excluded "physical therapy." "Thus, physical therapy performed by a licensed physical therapist is not the practice of acupuncture." Furthermore, the Attorney General gave significant recognition to the Board's prior opinion. "Great deference is always given to an administrative agency in the interpretation of a statute which is within its specific province. . . . [D]eference to an agency's interpretation is particularly appropriate when the agency is one of special competence and experience[.]" The Board's own conclusions were initially to be favored due to the Board's special competence and experience in physical therapy. This included the distinctions between the different purposes.

Explaining the Board's 2010 opinion, the Attorney General added to its background a positive 2009 position statement from the American Academy of Orthopedic Manual Physical Therapists. Also included was the recognition by the Federation of State Boards of Physical Therapy that fifteen state licensing boards had interpreted their own statutes to allow dry needling therapy by physical therapists, while a small minority of five states found the opposite.

Finally, the Attorney General looked to other states for guidance. The Attorney General cited the approving opinions of sister jurisdictions, the Mississippi Attorney General and the Maryland Attorney General, consistently interpreting Mississippi law and Maryland law, respectively. In conclusions, the Attorney General held: "We agree with the [Kentucky] Board of Physical Therapy that the definition in KRS 327.010(1) is broad enough to include 'dry needling' by a physical therapist, with adequate training and skill to perform the procedure competently."

In summary, the Attorney General has affirmed the Kentucky Board of Physical Therapy's own conclusion that the procedure of dry needling is within the scope of the practice of physical therapy and does not constitute the practice of acupuncture.

## **Board updates continued competency requirements for easier compliance.**

By Mark R. Brengelman, JD, MA  
Attorney at Law

The Kentucky Board of Physical Therapy has successfully amended its administrative regulation governing the continued competency requirements of physical therapists and physical therapist assistants. 201 KAR 22:045 was approved by the Board May 16, 2013, to be amended, and it was filed as amended with the Legislative Research Commission June 4, 2013. It became law effective September 18, 2013, and governs continued competency for all credential holders of the Board for the 2013-2015 renewal cycle running April 1, 2013, to March 31, 2015. Highlights of these amendments follow:

Along with several on-going formatting, technical, and grammatical changes mandated by the Legislative Research Commission, the Board affected several important updates. First, courses, seminars, workshops, symposia, or home study courses less than three (3) contact hours are now Category I approved if “produced and developed by the American Physical Therapy Association,” including “its state chapters and sections.” This allows for short, even single contact hour courses to be approved for continued competency, but only those produced and developed by APTA or its state chapters and sections. This flexibility will allow, for example, earning continued competency even one (1) hour at a time with APTA, and its state chapters and sections, produced and developed courses.

Second, taking an accredited post-secondary educational credit course will also be approved, but only so long as such course also meets the definition of “continued competency” and is a course “relating to the scope of ‘physical therapy.’” Before this update, there were questions about whether specific post-secondary courses met a continued competency requirement when they were, for example, simply related to health care in general or health care management. This current amendment allows for any post-secondary credit course when related to physical therapy and the “intervention, examination, research, documentation, education, or management of a health care delivery system.”

Third, the Board amended its administrative regulation significantly with regard to specialty certifications and re-certifications. Credential holders of the Board will now receive the maximum 28 hours of credit not only for certification from the American Board of Physical Therapy Specialties, but also for re-

certifications. Fourth, broadening these accomplishments also includes “other certifications and re-certifications within the scope of physical therapy practice.” These, too, will be eligible for a maximum of 28 possible contact hours, or fewer actual hours as may vary from these different certifications and re-certifications.

Fifth and finally, the record-keeping requirement for credential holders now mandates only that a physical therapist or a physical therapist assistant retain their own continued competency documents for “at least” three (3) years instead of a fixed, three (3) year period. This allows the flexibility for a credential holder to retain his or her records for longer than the three (3) year period if he or she chooses. If someone chooses not to do so, that is, to retain records for three (3) years only, then they have complied with this new provision of this amended administrative regulation just as someone who retains them for five (5) years or longer.

The Board continues actively to update its continued competency administrative regulation to expand on new flexibility for compliance by credential holders of the Board. This administrative regulation was amended twice in 2005, once each in 2006, 2008, 2009, 2010, and 2011, and twice again in 2012, and once in 2013 with the recent updates summarized above. The Board’s constant and consistent efforts to amend its continued competency regulation show its great attention to detail for requirements that affect all Kentucky physical therapists and physical therapist assistants.

These amendments of the Board’s administrative regulations were appropriately vetted by stakeholders, including the Kentucky Physical Therapy Association, and were processed through extensive notice and comment rulemaking procedures under KRS Chapter 13A allowing both written and oral comments by any person or entity to any amendment. Finally, all amended administrative regulations were reviewed for technical updates by the Legislative Research Commission and the General Assembly’s Administrative Regulations Review Subcommittee and Interim Joint Committee for Health and Welfare. This notice and comment rulemaking provides greater control and flexibility for the Board to update its laws accordingly.

A link to the Board’s administrative regulation for continued competency as found on the website of the Legislative Research Commission is here: <http://www.lrc.ky.gov/kar/201/022/045.htm>

**Code of ethical standards and standards of practice updates – what you need to know about new supervision requirements.**

By Mark R. Brengelman, JD, MA  
Attorney at Law

The Kentucky Board of Physical Therapy has also successfully amended its administrative regulation governing the code of ethical standards and standards of practice. This includes significant changes in supervision requirements. 201 KAR 22:053 was approved by the Board September 13, 2012, to be amended, and it was quickly filed as amended with the Legislative Research Commission September 14, 2012. It became law effective December 11, 2012, and governs the ethical standards and standards of practice. Highlights of these amendments follow:

Along with several technical and grammatical changes mandated by the Legislative Research Commission, the Board affected several important updates. First, physical therapists and physical therapist assistants have the duty to make sure all persons who are “involved in the delivery of physical therapy services are identified to the patient by name and title.” This broader mandate adds to the existing documentation requirements about signing physical therapy records by credential holders of the Board.

Second, physical therapists are allowed to supervise four (4) physical therapist assistants or supportive personnel regardless of their part-time or full-time employment status making it easier to account for the supervision requirements. Temporarily exceeding these supervision numbers is still allowed for up to seven (7) consecutive days, but only within a sixty (60) consecutive day period.

Third, physical therapists are now mandated not to delegate procedures to physical therapist assistants as well as to supportive personnel outside their scope of training, education, or experience. Training and competency are to be documented and verified annually for supportive personnel.

Fourth, the role of students in rotations or other approved training programs is now included in this amended administrative regulation, including physical therapy services rendered by them, documentation requirements, initial evaluations, progress notes, reassessments, and discharge summaries. This administrative regulation now recognizes the appropriate role in student involvement when training in approved rotations with the physical therapist. While this acknowledged role

is expansive, documentation is required, including the identifier of the student as the provider of services.

Finally, perhaps the most significant change had a lead-in date from December 11, 2012, to its effective date of September 1, 2013: supervision by the physical therapist and physical therapist assistants of supportive personnel now requires, as of September 1, 2013, “direct supervision.” That term is defined as:

- (a) The physical therapist or physical therapist assistant shall:
  - 1. Be immediately available to direct and supervise tasks that are related to direct patient care; and
  - 2. Provide line of sight direction and supervision the majority of time per visit for each patient when these tasks are performed; and
- (b) Supervision is not to be provided by telecommunications.

This requirement of being “immediately available” and “line of sight” are still tempered by the qualifier that the “line of sight” be held for “the majority of the time per visit for each patient.” Supervision cannot be provided by telecommunication. This part of the amended administrative regulation, while becoming law on December 11, 2012, did not actually take effect until September 1, 2013, to allow employers and physical therapists time to implement appropriate practice and personnel changes in order to comply.

These amendments of the Board were appropriately vetted by stakeholders and were processed through extensive notice and comment rulemaking procedures, allowing both written and oral comments to any amendment. Finally, all amended administrative regulations were reviewed for technical updates by the Legislative Research Commission and the General Assembly’s Administrative Regulations Review Subcommittee and Interim Joint Committee for Health and Welfare.

A link to the Board’s administrative regulation as found on the website of the Legislative Research Commission here:

<http://www.lrc.ky.gov/kar/201/022/053.htm>

*Mark R. Brengelman, J.D., M.A., is the General Counsel to the Kentucky Board of Physical Therapy. As both contract counsel now and formerly as an Assistant Attorney General, he has represented the Board since 1997. The summary expressed above is entirely his own.*

## **Risk, Recognition, Resolution: Addiction and Healthcare Professionals**

### **Risk:**

There are risk factors in the development of the disease of addiction for persons in the fields of healthcare. They can include:

- Genetics – if you have a person or persons in your family tree you are at a much greater risk of developing the disease of addiction than someone who does not
- Stress – I haven't met anyone yet either in their professional schooling or their professional lives who is stress-free. Stress increases one's chances for developing addiction.
- Knowledge – there is sometimes a feeling that knowing about medications and physiology provides a protection – it does not.
- Access – people in the healthcare professions often have easier access to drugs of abuse than those who are not.
- Abuse, neglect, or other traumatic experiences in childhood
- Mental disorders such as depression and anxiety
- Early use of drugs

### **Recognition:**

There are signs and symptoms that are recognizable in our colleagues, ourselves, and our patients that can be indicators of a potential problem that needs to be addressed. These can include but are not limited to:

- Bloodshot eyes, pupils larger or smaller than usual
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain
- Deterioration of physical appearance, personal grooming habits
- Unusual smells on breath, body, or clothing
- Tremors, slurred speech, or impaired coordination
- Drop in attendance and performance at work or school
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors
- Sudden change in friends, favorite hangouts, and hobbies
- Frequently getting into trouble (fights, accidents, illegal activities)
- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appears fearful, anxious, or paranoid, with no reason

### **Resolution:**

So...what do you do about it? Can you call your licensing Board? Do you notify someone in Student Affairs? If you are fortunate enough to live in a state that has a professional program, either free-standing or through the licensing Board or Board of Registry, call them. You may be able to receive help without this becoming a matter of public record. If in doubt, you may contact me for referral at:

Brian Fingerson, RPh  
Kentucky Professionals Recovery Network  
202 Bellemeade Rd  
Louisville, KY 40222  
502-749-8385  
[kyprn@att.net](mailto:kyprn@att.net)  
[www.kyprn.com](http://www.kyprn.com)

# Disciplinary Actions

May 2013 – December 2013



The following is a summary of disciplinary actions taken by the Board since the last Newsletter was published. It is intended as a summary for informational purposes only. All information is believed to be accurate. However, complete terms of each disciplinary action are contained in the Board's records. Monetary amounts paid to the Board may reflect the investigative costs and not necessarily the scope and severity of the violation(s).

**Sharon Ann Rohrman, PTA**

**Date: 7/29/2013**

**Final Action:** Order and Settlement Agreement – Admitted to a violation of KRS 327.070(2)(g) by obtaining or attempting to obtain a license or certificate by fraud or material misrepresentation or making any other false statement to the board and a violation of KRS 327.070(2)(h) by engaging in fraud or material deception in the delivery of professional services, including reimbursement. Reprimand, \$500.00 fine, and shall comply with all terms and conditions of the disciplinary action issued in the State of Indiana.

**James T. Corum, Jr., PT**

**Date: 7/29/2013**

**Final Action:** Order and Settlement Agreement – Admitted to a violation of KRS 327.020(1) or (3) by practicing physical therapy, a term defined by KRS 327.020(1), or otherwise holding himself out as a Physical Therapist, after his credential had lapsed. Reprimand and \$900.00 fine.

**Nancy B. Bailey, PT**

**Date: 7/29/2013**

**Final Action:** Order and Voluntary Surrender of License and Settlement Agreement – Admitted to a violation of KRS 327.070(2)(k) by failing or refusing to obey an administrative regulation of the Board, by violating 201 KAR 22:045 by failing to take and obtain a passing score on the Board's Jurisprudence Exam. Her Physical Therapy license was voluntarily surrendered as if suspended.

**Melissa F. Meiners, PT**

**Date: 8/22/2013**

**Final Action:** Order and Conditional Grant of License and Settlement Agreement – Admitted to a violation of KRS 327.070(2)(k) by failing or refusing to obey an administrative regulation of the Board, by violating 201 KAR 22:053 Section 2(2) by failing to evaluate each patient prior to initiation of treatment. Reprimand and \$250.00 Fine.

**Scott A. Baker, PT**

**Date: 11/27/2013**

**Final Action:** Order and Settlement Agreement – Admitted to two violations of KRS 327.070 (2)(f)- Conviction of a felony or misdemeanor in the courts of this state or any other state, and more than one count of having engaged in or attempted to engage in a course of lewd or immoral conduct with any person, while that person is a patient or client of the physical therapist. His Physical Therapy license was surrendered as if permanently revoked.

## **Cease & Desist Orders**

May 2013 – December 2013

**The following is a list of violations of KRS 327.020(3)** *"It shall be unlawful for any person, or for any business entity, its employees, agents, or representatives to use in connection with his or its name or business activity the words "physical therapy," "physical therapist," "physiotherapy," "physiotherapist," "registered physical therapist," the letters "P.T.," "L.P.T." or any other words, letters, abbreviations or insignia indicating or implying directly or indirectly that physical therapy is provided or supplied or to bill for physical therapy unless such physical therapy is provided by or under the supervision of a physical therapist licensed and practicing in accordance with this chapter."*

**Freddie Montgomery Jr, Personal Trainer, PT** Guru Fitness, Hopkinsville, a Cease and Desist Affidavit was signed regarding the unlawful use of the letters "PT." Upon further investigation, however, the Board determined that compliance with KRS 327.020(3) had not been met and authorized Board counsel to file suit seeking injunctive relief. The Board has received an Agreed Order for Permanent Injunction and Final Judgment from the Christian County Circuit Court.